

Telephone Number (210) 207-1111 Fax Number (210) 207-4252 www.sanantonio.gov/dsd

Date:				Address:	
Lot:	Block:	NCB:		Owner Name:	
RESIDENTIAL PERMIT APPLICATION FOR ROOM ADDITION OR ACCESSORY STRUCTURES UP TO A MAX. OF 1000 SQ. OR LESS; PIER FOUNDATION; SWIMMING POOLS; INCLUDING GENERAL REPAIR **THIS APPLICATION CANNOT BE USED FOR SLABS ON GRADE**					
Swin Gene * Windo * Sheet * Siding	nming Pool/Spa eral Repairs ows rock/Painting/Wa		* I * I * §	_Pier Foundation Lineal feet of sill: Lineal feet of floor Square feet of floor	r joist:
* Doors			* 1	Number of piers: _	
* Floori	ng		* 7	Гуре of piers:	
structure.	rk as a result of	termite damage?	•	•	on/swimming pool/spa/accessory
Job cost: \$ Permit Fee: \$ +3% Technological Fee +3% Development Services Fee I have read the completed application and know the same to be true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinance will be complied with whether herein specified or not.					
Signature of	applicant			_ Date:	
Contractor			Contractor	ID#:	Escrow: YES [] or NO []
	ense Holder:				License #:
	Agent Name:				Contact ID#: AC
Telephone:			Fax:		Email:
Other Cont	act ID# (s) associate	ed with this permit:			

REV 06/14/2004